

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10695371
APPLICANT'S

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2			1			
3						
4			1			
5						
6			1			
7			1			
8			2			
9						
10			2			
11			2			
12						
13			1			
14			1			
15						
16						
17			2			
18						
19						
20						
21			2			
22			2			
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31			2			
32			2			
33			2			
34			2			
35						
36			2			
37			2			
38			2			
39						
40			1			
41						
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			3			
50			3			
TOTAL IND.			2			
TOTAL DEP.			80			
TOTAL CLAIMS			91			

51					3	
52					3	
53					3	
54					3	
55					1	
56					1	
57					1	
58					1	
59					1	
60					1	
61					1	
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96						
97						
98						
99						
100						
TOTAL IND.					8	
TOTAL DEP.					8	
TOTAL CLAIMS					8	

PTO-1360 (3-78)

AMERICAN TYPEWRITER COMPANY